

Entered - 09-21-01 - sb
CL 01L0593 - ALEXIS HOLMES

01-*R*-1766

CLAIM OF: **PIERRE SOLOMON**
6241 Willow Brook Drive
Riverdale, Georgia 30296

For vehicular damages alleged to have been sustained as a result of driving over an unsecured construction plate in the road on September 10, 2001 at Auburn Avenue and Courtland Avenue.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert M. [Signature] DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0593

Date: 10/16/01

Claimant /Victim PIERRE SOLOMON

BY: (Atty) _____

Address: 6241 Willow Brook Drive Riverdale, Georgia 30296

Subrogation: _____ Claim for Property damage \$ 719.26 Bodily Injury \$ _____

Date of Notice: 9/20/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/10/01 Place: Auburn Avenue and Courtland Avenue

Department _____ Division: _____

Employee involved _____ Disciplinary Action _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damages when his vehicle struck an unsecured construction plate in the road. An investigation determined that the road work was performed by a private contractor. Therefore, the private contractor is the responsible entity and not the City. The claimant has been advised to pursue his claim with the private contractor.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written X Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

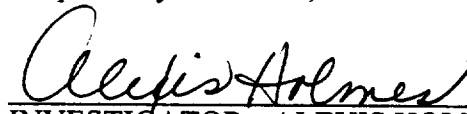
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

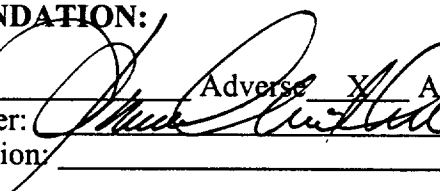
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-17-01

Committee Action: _____ Council Action _____

RECEIVED SEP 20 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 09/17/01

Dear Municipal Clerk:

ENTERED - 9-21-01 - SB
01L0593 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 719.36 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 09-10-01 (month/day/year) 2. Time of Incident: 1:30 AM 3. Police called: X Yes No

4. Location of incident (including street address): Asbury Ave & Courtland Ave

5. Name of your insurance company: Allstate Policy No. 645-584940 12/3

6. State what and how incident occurred: there was a hole in Road from construction they say all did cover all the way up, by the the man hole Police Case Number 012530133 office Name R.J. Stack

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cadillac 1997 466 GSN Pierre Solomon
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Pierre Solomon
Signature of Claimant

PIERRE Solomon
(Print Claimant's Name)

6241 Willow Brook Dr
(Address)

Riverdale GA 30296
(City, State and Zip Code)

404-686-8112 772-947-7445
(Work Number) (Home Number)

CELL
678-485-0571

01- R-1766